



KOTT GERONTOLOGY INSTITUTE

2014-15 Kott Gerontology Scholars Program Internship Application

Social Security Number	
Legal Last / Family Name	Name Suffix (e.g., Jr., III)
First Name	Middle Name
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address	Home Telephone
Permanent Home Address	Work Telephone (if applicable)
	Cell Phone (if different than home telephone)
Address Where You Receive Mail (if different from permanent home address)	

College and University Information

Name of college and location City and state, or country (most recent first)	Dates				Degree(s) previously earned and date(s)	How many semester hrs. / quarter hrs. have you completed?	If you are enrolled now, for how many hours?
	From		To				
	Mo.	Yr.	Mo.	Yr.			

Identifying Information

City or Town of Birth	State (or country) of Birth	Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no
If not a citizen, what country?	Type of Visa	Alien Registration Number
Driver's License Number	State in which driver's license was issued: <input type="text"/>	

THE INTERNSHIP REQUIRES A VALID DRIVER'S LICENSE, PROOF OF AUTOMOBILE INSURANCE, AND AVAILABILITY OF A PERSONAL VEHICLE ON INTERNSHIP FIELD WORK DAYS. DOCUMENTATION WILL BE REQUIRED UPON ACCEPTANCE TO THE PROGRAM.

Name of Person To Be Contacted in Case of Emergency

Name	Relationship
Street Address (include apartment or unit number)	Area Code & Telephone Number

List any graduate school coursework on older adults that you will have completed prior to beginning an internship.

Briefly describe any experience you have had working with older adults.

If you are currently involved in or have completed a practicum experience in your field, describe it briefly.

Briefly describe your interest in the internship program and how you would plan to apply the experience to future work settings.

Signature of Applicant	Date
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PLEASE REQUEST TWO LETTERS OF RECOMMENDATION, ONE FROM A PERSON IN YOUR CURRENT PROGRAM OF STUDY FAMILIAR WITH YOUR ACADEMIC PERFORMANCE, AND ONE FROM A PERSON WHO HAS SUPERVISED YOUR WORK OUTSIDE AN ACADEMIC SETTING. IF YOU ARE CURRENTLY PARTICIPATING IN OR HAVE COMPLETED A PRACTICUM EXPERIENCE AS PART OF YOUR EDUCATIONAL PROGRAM, THE SECOND LETTER SHOULD BE SUBMITTED BY YOUR AGENCY FIELD WORK SUPERVISOR. ADDITIONALLY, PLEASE SUBMIT A CURRENT RESUME THAT INCLUDES YOUR EDUCATIONAL BACKGROUND, AND EMPLOYMENT AND VOLUNTEER EXPERIENCES.

This application, resume, and signed reference letters should be returned by e-mail (pdf or Word-compatible format), to:

Trish Abbey, LCSW
Executive Director
Kott Gerontology Institute
kottapplications@kottinstitute.org

You will be informed by e-mail when your application, including references, is complete.